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ABSTRACT

This paper explores the detrimental effects that assumptions and labels have caused people with mental retardation and examines the concept of changing societal attitudes. The paper points out that: mental retardation has often been regarded not simply as one aspect of a person's life, but as engulfing the person's whole life and becoming that person's identity; normalization extends to people with disabilities the right to be involved in the same situations and circumstances as people without disabilities; people with and without mental retardation feel more satisfaction with their lives when they are able to make more of their own decisions about their lives; people with mental retardation need a system which will naturally support them in efforts to become autonomous; society often gives lip service to a new plan for change but then has trouble when the time comes for actual change to occur; it is only when society changes its thinking about mental retardation that people with mental retardation will be accepted; each person must judge others according to their actions and not their labels; and diversity instead of conformity should be emphasized. When this happens, society will have truly banished the darkness it created and replaced it with the light of acceptance and recognition. (Contains 33 references.) (JDD)

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Societal Conceptualization of Mental Retardation: A Contrived Darkness

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Mental retardation is a creation of society; it takes its essential meaning from societal norms and contemporary values. The concept of mental retardation developed concurrently with the unfolding of history. Most people with mental retardation were able earlier in history to blend into a society that was largely agrarian and which required few academic and technical skills. The industrial revolution brought with it the practice of classifying people who were different, who were not able to fulfill the new roles an industrial society required. Out of these early perceptions came the first systematic conceptualizations of mental retardation.

In his book *Conquest of Mental Retardation*, Burton Blatt (1987) suggests four ways in which people with mental retardation have been perceived in the past: as blessed innocents; as a surplus population that is unnecessary and expendable; as job security for those in the field of mental retardation, for without people with mental retardation there would be no need for specialists in this field; and, as people who wish for the same things that all people value such as freedom and the opportunity to pursue personal dreams.

This paper explores the detrimental effects that assumptions and labels have caused people with mental retardation. It also examines the concept that changing societal attitudes not only make a difference in the lives of those with mental retardation but that it can also make a beneficial difference for society. Specific emphases include "handicapism" and societal attitudes,

normalization and social role valorization, quality of life and freedom of choice, and natural supports.

"Handicapism" and Societal Attitudes

In society mental retardation has often, and unfortunately, been regarded not simply as one aspect of a person's life; rather, it has been seen as engulfing the person's whole life and becoming that person's identity (Blatt, 1987). People with mental retardation are then judged by society based on the basis of one themselves instead of an awareness of their whole lives and what they may accomplish and experience during that life (Blatt, 1987).

Bogdan and Taylor (1976) interviewed Ed Murphy, a twenty-six year old man who had been labeled mentally retarded. Ed never considered himself retarded and points out in the interview that no person would opt to do so since the label creates a barrier which broadcasts to the world that there is something wrong with the individual to which it is applied (Bogdan & Taylor, 1976). Upon being interviewed for admission to the State School, Ed says,"...he (the psychiatrist) had my records in front of him--so he already knew I was mentally retarded...If you are considered mentally retarded, there is no way you can win" (p. 222). Ed was never given an adequate opportunity to present himself and his abilities to those in charge of the State School; instead he was relegated to the ranks of the mentally retarded, stripped of his rights, and made to live in an institution.

As Grossman (1972, cited by Blatt, 1987, p.96) noted, "It is not the handicap itself, but the way in which it is interpreted and

responded to, that determines the impact on involved individuals." The labels society has given to people with mental retardation are often accompanied by stigma and negative connotations which make it difficult for these persons to be accepted for what they actually are and not for what others assume them to be. This type of discrimination is called "handicapism" and is defined as, "...a set of assumptions and practices that promote differential and unequal treatment of people because of apparent or assumed physical, mental, or behavioral differences" (Biklen & Bogdan, 1977, p. 206).

"Handicapism" can be seen in society's use of stereotypes. According to Blatt (1987), a stereotype will fill in the cracks and unanswered questions in a situation with which people are not familiar. As a consequence, people may rely on false generalizations rather then get to know a person who may be retarded which then only serves to perpetuate the myths surrounding mental retardation. In addition to this is the history behind the term "handicap" which is derived from beggars with caps in their hands entreating all those who pass by to spare them a few cents. For these reasons the term "handicapped" has been replaced by the term "disabled" as a limitation or difference, whether it be mental or physical, which need not negatively effect one's life.

As previously stated, certain labels can negate the fact that one is a human being, cheating him out of enjoying the benefits afforded a "normal" person (Bogdan & Taylor, 1976). A Pennsylvania newspaper recently printed a story about a young woman named Jaci

Harris who was diagnosed at the age of three and a half as being brain damaged and only marginally educable (Sommers, 1992). These labels often prohibited people from seeing what Jaci was capable of doing until it was too obvious that Jaci could do what the experts said she would never be able to do. Jaci is now a freshman in college and is enjoying the socially acceptable labels of honor student and coed instead of brain damaged and not educable (Sommers, 1992). Despite Jaci's heroic efforts to overcome limitations placed on her by the specialists' use of labels, she has not been able to conquer the attitudes of her peers. Throughout high school Jaci was ridiculed and made to feel an outsider because she looked and sounded different from what others were accustomed to seeing and hearing. She was denied the right to go to dances and social events due to the fact she had no friends to make going to these events fun; an essential part of being a teenager and growing up was denied to her because she was perceived as being different.

A common perception, or myth, society has about mental retardation is that it is contagious and dangerous to those who come in contact with it (Goldman, 1991). This is evidenced in the story about Jaci; her peers were afraid to be near her, to get to know her and because of this they never realized that Jaci is a human being with the same needs and desires that they themselves possess. Society tends to dwell on the negative or, as Polloway (personal correspondence, March 27, 1992) remarked, "Society is quick to condemn but slow to support."

Society needs to change its attitude from one of condemnation and ostracism of people with mental retardation to an attitude based on putting people first and realizing that disabilities are only one aspect of a person. For example, the clothing company Esprit recently ran an advertisement entitled "What would you do?" in several women's magazines that featured a picture of Cindy Bolas, a woman who wears arm braces. In answer to Esprit's question, Cindy is quoted as saying, "Ask people to judge me by my **ability** not my disability" (Esprit, 1992). This quote is representative of the effort presently being made to purge society of its prejudice against people who may differ from the socially accepted molds and norms; perhaps this will help make the hopes and dreams of people with mental retardation become reality. Perhaps society will no longer deny the right to be treated as human to those it feels are different.

Normalization/Social Role Valorization

A strong movement in special education and related human services fields is towards the normalization of people with mental retardation. The public hears the term normalization and expects people with disabilities to be cured, transformed into "normal" people who fit into socially acceptable molds. But normalization is not some magic cure; normalization extends to people with disabilities the right to be involved in the same situations and circumstances as people without disabilities. Involvement, however, should not mean conformity (Nirje, 1969).

The rationale behind the normalization principle is that more

"normal" situations will induce more "normal" behaviors; for example, people with mental retardation who are not allowed to work will never understand that work has meaning and that it is what nondisabled people do with the better part of their days (Nirje, 1969). This rationale encompasses all facets of life so that people with mental retardation will be able to involve themselves in "normal" society. As Nirje (1969, p. 369) asserted, "Isolation and segregation foster ignorance and prejudice, whereas integration and normalization...improve regular human relations and understanding, and generally are a prerequisite for the social integration of the individual."

While the rationale behind normalization is sound, the term "normalization" itself may connote negative images in the mind of society. "Normalization" implies that people with mental retardation are not normal (e.g., abnormal, subnormal) and must be made normal in order for society to accept them. This only serves to support the belief that people with mental retardation are different and not part of society.

These concerns with the concept of normalization led Wolfensberger (1983) to modify the concept in order to help eradicate the public's belief that normalization is equal to a cure for mental retardation. The term "social role valorization" is based on the premise, "...that the most explicit and highest goal of normalization must be the creation, support, and defense of valued social roles for people who are at risk of social devaluation" (p. 234). Presently, people with mental retardation

are not seen as possessing a valuable social role and thus are not accepted in society. Wolfensberger notes that people in devalued social positions will often be treated badly which in turn causes those in a devalued position to behave badly as they think that is what is expected of them.

A study done by Mest (1988) focused on a group of five men and women who were considered mentally retarded and found they did not readily accept the labels and associated stigma society had given them. The group had not let what society thought about them influence their self-concepts but these five people seemed to be existing in an area between "normal" society and "retarded" society; there was a sense of an "in-group" among them. They viewed themselves as human beings with value even though they had been labeled mentally retarded but were viewed by society as having little value as human beings because of the mental retardation label. Society's inclination to devise mutually exclusive groups had created a pseudospecies (Erikson, 1975).

For Erikson (1975), pseudo has two possible definitions: to make something appear like what it is not or putting something over on oneself and others. The invention of a pseudospecies is society's way of constructing a difference between itself and those groups it feels are unlike itself or, in other words, the invention of in-groups and out-groups with the members of the out-group being seen as less than human. In the instance of mental retardation, society has created an out-group of people who may be seen as less than human because they do not possess the exact same abilities or

characteristics that the majority of its citizens possess. The danger in all this is that people with mental retardation may begin to internalize these inaccurate assumptions and thus commence to fulfill the erroneous impression society holds of them (Erikson, 1975).

Smith (1981) provides an apt example of Erikson's pseudospeciation theory. He suggests that it is being applied in the case of aborting fetuses diagnosed as having Down syndrome. It appears that society perceives a fetus with Down syndrome as a child who when born would not meet certain minimum requirements for being a human being, that this child would be too severely mentally retarded to be educated and would thus be a burden on society. Thus, Smith (1981) concluded that fetuses with Down Syndrome are being viewed as a pseudospecies, as less than human, and are aborted because of this belief.

Wolfensberger (1983) suggests that the key to changing how people are valued socially is to change the perceptions society has of people who may differ from the norm. One way to do this is to enhance people's competencies (this will be elaborated on later). Another suggestion by Wolfensberger is to have those who are not familiar with mental retardation come in contact with people who are mentally retarded. In his book *Conquest of Mental Retardation*, Blatt (1987) emphasized that mental retardation is an invented disease whose cure lies with those who invented it; but society does not seem interested in becoming familiar with mental retardation, so what is different may be avoided and acceptance may

be pushed even farther out of the picture.

A third suggestion by Wolfensberger (1983) was for society to change the characteristics and roles it values. The person-environment fit model embodies this concept as it emphasizes the correlation between people and their environments, and stresses the fact that society should not always place blame on the people whom do not fit into its norms (Patton, Beirne-Smith & Payne, 1990). The new definition of mental retardation by the American Association on Mental Retardation (AAMR) stresses, "...the importance of environments to one's personal growth and development..." (Luckasson, Coulter, Polloway, Reiss, Schalock, Snell, Spitalnik & Stark, 1992, p. 98). Society should evaluate some of its structures and change the ones that need to be changed to fit the needs of its citizens instead of making its citizens fit society's structures. Helping people with mental retardation establish socially valued roles would not be as difficult if the roles society valued were not so restrictive and suppressive.

Due to the restrictive roles society values and the fact that devalued members of society are still asked to conform to social rules even though they are not accepted as part of society (Birenbaum, 1992), some people with mental retardation are forced to assume a "cloak of competence" in which a conscious effort to pass as normal while actively denying labels and associated stigma is made in an attempt to be like the rest of society (Edgerton & Bercovici, 1976). A cloak of competence is assumed when people with mental retardation feel they are not recognized by society as

occupying a valuable position and they must then conform to some socially acceptable mold in order to be considered both valuable and human.

In their research in this area, Edgerton and Bercovici (1976, p. 486) found that "...a basic criterion of a normal way of life is the capacity to define oneself successfully as normal and to believe that others, for the most part, do likewise." Until society changes its conception of normality and allows those who may be perceived as being different to hold valued social roles, people with mental retardation will perhaps need to continue to hide the fact they may be different in order to be considered "normal". As Edgerton and Bercovici (1976) further stated:

> ...the principle of normalization compels us to seek a better fit between a retarded person and the more nearly "normal" life that normalization calls for...if normalization is to be taken seriously, then we should listen to retarded persons when they tell us about their lives.... (p. 496)

This listening involves not only hearing what is said but acting upon it and changing what is restrictive in order for all persons, with and without disabilities, to be accepted as valuable persons in society.

As Blatt (1987) noted, people with mental retardation do not regard themselves as hopeless, as deserving to be alone and unwanted with no friends, as anything but human; they yearn for freedom and a chance to contribute to society as well as live in the real world. Goldman (1991, p. 7) writes that people with

mental retardation "...do not sit around bemoaning their fates. They are in society as participants," and should not be denied the right to hold a valued position in society based solely on the fact that they may differ from the norm.

Differing from the norm does not signify that a person has no worth to society or no worth as a human being. In writing about her daughter who has Down syndrome, Crutcher (1990, p. 18) states, "My daughter is 16 years old and has Down syndrome; but that is secondary to her worth as a viable, competitive, proud, and dignified person." Crutcher illustrates two very important points in the above statement: the first is that her daughter's disability is only one aspect of her daughter's life and the second is that her daughter's disability does not alter her worth as a human being. Smith (1989, p. 3) also emphasized this idea when he wrote, "Mental retardation alone is not a nullification of quality or worth in an individual's life."

A related point that Blatt (1987) elaborates on is appropriate to conclude this section on social role valorization. He noted that all people have worth and value as human beings no matter how they may differ from what is considered "the norm" and should be given the opportunity to show what they are capable of doing, to confirm they occupy a valued position in society.

Quality of Life and Freedom of Choice

The preceding discussion emphasized the fact that all people have value and worth as human beings and to society itself. But merely existing does not constitute a good life nor is it viewed as

a valuable role in society. There must be a certain quality to life in order for it to be satisfying to individuals and to society as a whole.

In his book *Quality of Life: Perspectives and Issues*, Schalock (1990) attempts to outline the basic premises that create the quality of life (QOL) concept realizing that this concept is one which encompasses many domains and may be difficult to precisely define. The fundamentals of QOL include the following: it is essentially the same for people with and without disabilities; it is basically a social phenomenon and a product of interactions with others; it is the outcome of individuals meeting basic needs and fulfilling basic responsibilities in community settings; and, it is how one perceives and evaluates one's own situation rather than how others see an individual that determines the QOL experienced (p. x).

Quality of life is highly subjective as one person cannot judge if another person is satisfied with life; the only person who can say whether or not a certain lifestyle is satisfying is the person who is living that lifestyle. This raises questions in some people's minds as to whether or not people with mental retardation will be able to judge if their lives are satisfying to them. But as Coulter (1990) exhorted:

> ...*quality of life* means a sense of personal satisfaction with life that is more than just pleasure or happiness and yet something less than 'meaning' or fulfillment. An individual with mental retardation need not have the cognitive capacity

> to appreciate 'meaning' in order to have a life of satisfying quality. This sense of satisfaction is understood best from the individual's point of view. In other words, one must put oneself in another person's viewpoint and try to see the world as that person would in order to get an idea of his or her quality of life. (p.61)

Personal satisfaction is often equated with the degree of control one has over one's life (Keith, 1990). Historically, people with mental retardation were often not able to decide for themselves what they wanted to do, where they wanted to live, or even what they wanted to eat; these decisions were made by those in charge of seeing that people with mental retardation did not hurt themselves or endanger others living in the community.

Today there is still some resistance to allowing people with mental retardation to make decisions about their own lives. Martinez (1990) wrote about the struggles she had to face to become independent. She bears the label of mental retardation which has made it difficult for her to be accepted as a person who has the same desire as any nondisabled person does to be in control of her life. Martinez emphasizes that people with mental retardation, "...can have a good quality of life, but we still have to fight for it. We have to take back control of our lives from the KEEPERS, from the professionals" (p.3).

In order for the "keepers" to relinquish control of the lives of people with mental retardation, people with mental retardation must develop the ability to make their own choices and, thus, be

considered independent. As history of the deinstitutionalization movement has shown, becoming independent is not as simple as just releasing people from state facilities and hoping they survive on their own. Independence is based upon choice-making and choice-making must be taught to people with mental retardation as they have often never been allowed to make their own choices and do not know how to rationally choose for themselves.

Bannerman, Sheldon, Sherman, and Harchik (1990) further stress the importance of independence and choice-making. Specifically they define "habilitation" as "...*teaching the skills needed to live as independently as possible*" (p. 79). Habilitation logically would then include teaching and providing opportunities for people with mental retardation to rationally and responsibly make choices about situations and issues that arise in their lives. Choice-making needs to be incorporated into community skills programming as this area is a major determiner of whether or not a person is able to live independently in the community.

Polloway (personal correspondence, April 8, 1992) observed that, "Freedom of choice is equal to quality of life." People with and without mental retardation feel more satisfaction with their lives when they feel more in control of their lives, i.e., when they are able to make more of their own decisions about their own lives (Keith, 1990). These decisions are not just about choosing if one wants to eat with a big spoon or a little spoon or even about adhering to restrictions that are disguised as "*rules designed to give a person more choices in life*". As Ficker-Terrell

and Rowitz (1991, p. 63) stated, "the right to make personal choices must be left to the individuals who will live with those choices."

The ability to make decisions about one's own life has the potential to greatly boost the satisfaction one receives from life thus improving the quality of life of that individual. But as Crutcher (1990, p. 21) pointed out, ultimately "...quality of life is earned...but that is tantamount to opportunity, and opportunity is accessible only when society decides it shall be."

Supports

In order for people with mental retardation to have the opportunity to make decisions for themselves, there must be a system which will naturally support them in their efforts to become autonomous. Once again Martinez (1990, p. 4) emphasizes that people with mental retardation, "...can have a good quality of life if we have control over our own lives and if we have the help we need to keep that control and independence in our own lives. We don't need KEEPERS, we need TEACHERS."

Luckasson et al. (1992, p. 10) presents the related fact that, "...mental retardation is a *state* in which functioning is impaired in certain specific ways." In order to enable people with mental retardation to function in their environments it is necessary to provide them with the proper supports to do so as "...the presence or absence of supports can reciprocally influence functioning" (p. 11). Supports include the use of resources such as oneself, other people, technology, and services. These supports exist in the

integrated environment and help facilitate the functioning of people with mental retardation while increasing personal integration and development (Luckasson et al., 1992).

Edgar (1992, p. 8) stressed the fact that, "We need to learn to support individuals, wherever they are, and improve their quality of life." Not only are teachers needed but an appropriate system for naturally supporting people with mental retardation in their efforts to acquire and maintain control and independence in their lives is needed. Such a system would not only benefit people with mental retardation but would also benefit society as the concept of supports emphasizes the fact that people with mental retardation are human beings with the same wants and desires as all other people. This would aid in conquering the stigma of the mental retardation label.

Luckasson et al. (1992, p. 12) reason that "Mental retardation refers to a specific pattern of intellectual limitation; it is not a state of global incompetence." People with mental retardation may be limited in certain areas as to what they are capable of doing but they are **not** incompetent in all areas of their lives. This creates a need for a system that will provide people with mental retardation the appropriate supports as needed that will empower them to take their rightful place in society; as Luckasson et al. (1992, p. 101) noted "the importance of supports is that they hold the promise of providing a more natural, efficient and on-going basis of enhancing a person's independence/interdependence, productivity, community integration,

and satisfaction."

The type of support system favored in the AAMR's new definition and terminology manual is one which is based on natural supports. Natural supports occur in integrated environments and thus enable people with mental retardation to access resources which will not only aid them in functioning but also increase their integration into the community. As Luckasson et al. (1992, p.101) noted, "...the judicious application of appropriate supports can improve the functional capabilities of individuals with mental retardation." This would help facilitate a successful integration into society as society would then view people with mental retardation as occupying productive, useful, and valued social roles.

A support system such as the one suggested here is not only favored by those in the special education and human services fields but also seems to be implicitly favored by the American public. A poll done by Louis Harris in 1991 showed that:

92% of people polled believe economic benefits would accrue if people with disabilities were assimilated into the work force.

98% of people polled believe people with disabilities should have equal opportunity to work.

82% of people polled view putting people with disabilities to work as a boost versus a threat.

90% of people polled believe society will benefit from people with disabilities being productive versus them being on

welfare.

> The majority of people polled believe people with disabilities have potential which is underused in the workplace (AAMR Newsletter, 1992).

Thus, it would seem to be a reasonable conclusion that the American public favors people with disabilities (including those with mental retardation) being integrated into the work force. This can be accomplished through a natural support system which would assist people with mental retardation in their functioning at work by providing them with supports in the work environment such as co-workers and job coaches; these natural supports would facilitate personal functioning and foster a higher level of integration.

The AAMR has included a plan for implementing a natural support system for people with mental retardation in its new definition of mental retardation. Further the American public seems to favor the integration of people with disabilities into the workplace which will eventually lead to integration into all aspects of society. All that is left to do is for someone or some group to set these plans in motion. The *Report to the President: President's Committee on Mental Retardation*, (Dart, 1986, cited in Schalock, 1990) appropriately summarized what must take place in order for people with mental retardation to be accepted by society:

> We must use all educational, social, political, legal and public communication systems to incorporate into the cultural consciousness the concepts that the existence and dignity of each human life is sacred and inviolable; that disability is

> a normal, predictable characteristic of the human process; that disabled people have the same rights and the same responsibilities as other persons; and that the fundamental right and obligation of all human beings is to fulfill their potential to exercise independent control over their own lives, to be as productive and self-sufficient as possible, to participate equitably in the mainstream of society, and to preserve and maximize the quality of life for themselves, for their families, for their communities, for their nations and for all people. (p. 240)

The use of natural supports would help accomplish this as they would provide opportunities to people with mental retardation, would promote stability, and foster well-being which are all essential to a person's development and, thus, would ultimately benefit society (Luckasson et al., 1992).

Conclusion

Blatt (1987) acknowledged several major themes in his book *Conquest of Mental Retardation* which were also evident and important in this paper. The first is that all humans are valuable; one's value as a human being does not have to be deserved. The second theme is that capability is educable; all people can learn and change for the better and should be treated as if they are able to do both, keeping in mind that the ability to recognize ability is rarer than ability itself (Hubbard, cited by Blackman, 1992). The third theme is that freedom is more precious than competency; being able to make choices is the basis of a

better quality of life and should not be denied to people who may need help determining what they need and want out of life. And the fourth theme centers on the fact that people are people, more alike than they are different (Blatt, 1987). No matter whether a person does or does not have a disability, each individual has a valuable role in society and should be allowed to exercise freedom of choice to show that he or she is independent and is in control of his or her own life.

People with mental retardation should not be required to produce special evidence in order to prove they have as much right as nondisabled people do to be considered as equal members of society. The Declaration of Independence proclaims that "...all men are created equal, that they are endowed by their Creator with certain unalienable rights, that among these are life, liberty, and the pursuit of happiness...." People with disabilities had not been able to fully share in this proclamation of rights until July, 1992, when the Americans with Disabilities Act went into effect. This act legally guaranteed to people with disabilities the rights nondisabled people have possessed for the past two hundred years.

Despite this legal guarantee of rights, the NIMBY (Not-In-My-Backyard) syndrome can get in the way and impede progress (Pietzner, 1992). Society often gives lip service to a new theory or plan for change but then has trouble when the time comes for actual change to occur. As former President Bush decreed in his speech heralding the passage of the Americans with Disabilities Act, however, now is the time to, "..let the shameful way of

exclusion finally come tumbling down" (DREDF, 1992). The nation has been given the opportunity to demonstrate to people with disabilities that it values them as members and realizes that discrimination of one group can lead to discrimination of all groups.

Conceptualization is the controlling variable for it is only when society changes its thinking about mental retardation that people with mental retardation will be accepted. It is then that they will be seen for who they are and what they do, and not for the name society has given to them. Relative to this reality, Sarason (1985, p. 223) wrote, "...mental retardation has never been a 'thing' but a conceptual invention bearing the imprint of society's structure, traditions, values, and prejudices."

A new conceptualization of mental retardation must be constructed in order for people with mental retardation to take their rightful place in society. Each person must believe that all human beings are valuable--no attached modifiers or varying levels of value--each and every person is as valuable as the next person. Each person must judge others according to their actions and not their labels, realizing that freedom is the common goal for which all people strive. Once individuals actively hold these beliefs, society as a whole will begin to change. Stereotypes will no longer be of value since personal actions will be the determiner of what role a person will fill in society. In-groups and out-groups will no longer exist.

Perhaps diversity instead of conformity should be what is

emphasized in society. Instead of every person conforming to one specific mold, uniqueness and difference should be valued. A quote by Fischer (cited by John-Roger & McWilliams, 1991) endorses this very idea: "the essence of our effort to see that every child has a chance must be to assure each an equal opportunity, not to become equal, but to become different--to realize whatever unique potential of body, mind, and spirit he or she possesses."

Each person is different in some way from the next person. A disability should not further separate a person from the rest of society because the disability causes the person to be perceived as "too different" to be accepted as a valued member of society. People with mental retardation have as much to contribute to society as nondisabled people and must be given the proper supports to do so; the ostracism of people with mental retardation that has existed in the past must come to an end.

As Hugo wrote, "He who lives in darkness commits many sins but the guilty one is not he who commits the sins but he who creates the darkness " (cited by Kotlowitz, 1992). Currently society is creating a darkness which is unnecessarily limiting the lives of many people with mental retardation. It is up to society to decide whether it will continue to allow darkness to ruin people's lives or whether it will create light and provide people with mental retardation the opportunity to fulfill their valued roles in society.

According to Blatt (1987, p. 350), "In the real world, living well together is freedom. And that is the best revenge for the

past." It is only when people with mental retardation are given the opportunity to become a valued part of society that uneasiness about the past will no longer be of such great concern to people with mental retardation today. For it is only when this happens that society will have truly banished the darkness it created and replaced it with the light of acceptance and recognition.

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